

05-24-00

PTO/SB/05 (2/98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier

Title: **WACKER CHAPS**

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☐ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Specification [Total Pages: **7**]  
(preferred arrangement set forth below)
  - ✓ - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - ✓ - Background of the invention
  - ✓ - Brief Summary of the invention
  - ✓ - Brief Description of the Drawings (if filed)
  - ✓ - Detailed Description
  - ✓ - Claim(s)
  - Abstract of the Disclosure
3. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets: **4**]
4. ☐ Oath or Declaration [Total Pages: ☐]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 ☐ Citations
12. ☐ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ \* Small Entity ☐ Statement filed in prior application,  
Statement(s) ☐ Status still proper and desired  
(PTO/SB/09-12)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Other: .....

\* NOTE FOR ITEMS 1 &amp; 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label \_\_\_\_\_ or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name: **Cheryl A Letson**Address: **87 Bushnell Hollow Rd**City: **Baltic**State: **CT**Zip Code: **06330**Country: **USA**Telephone: **1-860-822-8267**Fax: **1-860-822-8267**

Name (Print/Type)

**Cheryl A Letson**

Registration No. (Attorney/Agent)

Signature

**Cheryl A Letson**Date: **5/22/2000**

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**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c))—SMALL BUSINESS CONCERN**

Docket Number (Optional)

Applicant, Patentee, or Identifier: Cheryl Ann Letson  
Application or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
Title: Wacker Chips

I hereby state that I am

- ☒ the owner of the small business concern identified below:  
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Tech-Ezz LLC

ADDRESS OF SMALL BUSINESS CONCERN 87 Bushnell Hollow Rd

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

- Each person, concern, or organization having any rights in the invention is listed below:  
☐ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Cheryl Ann Letson

TITLE OF PERSON IF OTHER THAN OWNER owner

ADDRESS OF PERSON SIGNING 87 Bushnell Hollow Rd Battic ct 06330

SIGNATURE Cheryl Ann Letson DATE 5/22/2000

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**STATEMENT BY A NON-INVENTOR SUPPORTING  
A CLAIM BY ANOTHER FOR SMALL ENTITY STATUS**

Docket Number (Optional)

Applicant, Patentee, or Identifier: William K Letson

Application or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: Wacker chaps

I hereby state that I am making this statement to support a claim by \_\_\_\_\_ for small entity status for purposes of paying reduced fees to the United States Patent and Trademark Office, regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

I hereby state that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying fees to the United States Patent and Trademark Office, if I had made the above identified invention.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). Note: Separate statements are required from each person, concern or organization having rights to the invention to their status as small entities. (37 CFR 1.27)

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING William K Letson

TITLE IN ORGANIZATION OF PERSON SIGNING owner

ADDRESS OF PERSON SIGNING 87 Bushnell Hollow Rd Baltic Ct 06330

SIGNATURE Will K Letson DATE 5-22-00

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant, Patentee, or Identifier: Cheryl Ann Letson

Application or Patent No.: PTO/SB/05

Filed or Issued: \_\_\_\_\_

Title: Wacker chips

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.  
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Cheryl Ann Letson  
NAME OF INVENTOR

William K Letson  
NAME OF INVENTOR

\_\_\_\_\_  
NAME OF INVENTOR

Cheryl Ann Letson  
Signature of inventor

Will K Letson  
Signature of inventor

\_\_\_\_\_  
Signature of inventor

5/22/2000  
Date

5-22-00  
Date

\_\_\_\_\_  
Date

[illegible]

[illegible]

## WACKER CHAPS

### BACKGROUND OF THE INVENTION

Various types of chaps and garments are known in the marketplace, but not one is a complete, one piece clothing apparatus that covers and protects the chest, legs, and feet.

The primary object of this invention is to protect your clothes and shoes from the messy, moist, grass clippings that are associated with weed wacking and or trimming. An extra advantage to this invention is many people like to weed wack or trim in their shorts. WACKER CHAPS will prevent injury to the legs from debris thrown from the high power of the weed wacker or trimmer. WACKER CHAPS can be worn to protect you in any messy circumstance, whether it be painting, driveway sealing, pet grooming, or washing your cars.

### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1. Is a perspective view of the pattern layout.

FIG. 2. Is a layout of the adjustable straps.

FIG. 3. Is a complete piece layout.

FIG. 3A Complete piece layout description / placement.

FIG. 4. Is a three dimensional rendering of the product.

### DETAILED DESCRIPTION

WACKER CHAPS is a garment made from durable, easy to clean, canvas / vinyl. They are hunter green in color, and have a golden yellow weed trademark located in the middle of the bib. They are reversible, and have adjustable straps at the neck, waist, thigh, and ankle. WACKER CHAPS can be made in several sizes.

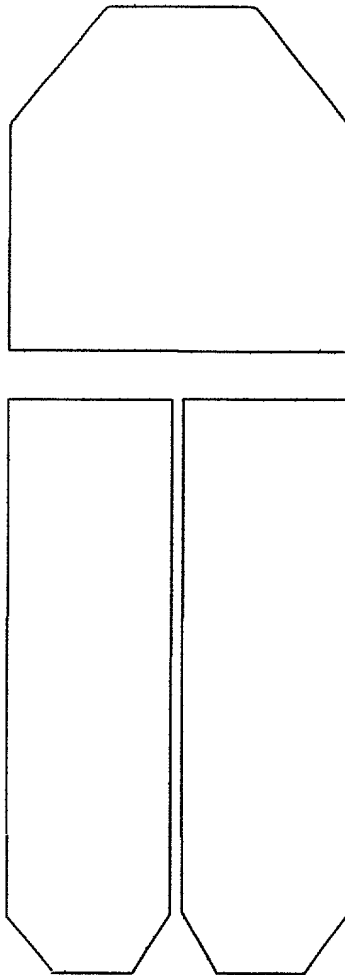
The fabric is commercial grade canvas / vinyl, hunter green in color. It is reversible, and easy to clean. WACKER CHAPS can be made in selected materials.

Soon we will manufacture WACKER CHAPS in different colors and designs. There are many features that may be added to WACKER CHAPS such as a pocket, tool loops, and pencil holder. We see different logos, sports, animals, music artists, cartoon characters, and food and beverage brands printed on the bibs of future WACKER CHAPS. There will also be a disposable line, to keep in your car for that messy tire change, or paint job.

FIG 1

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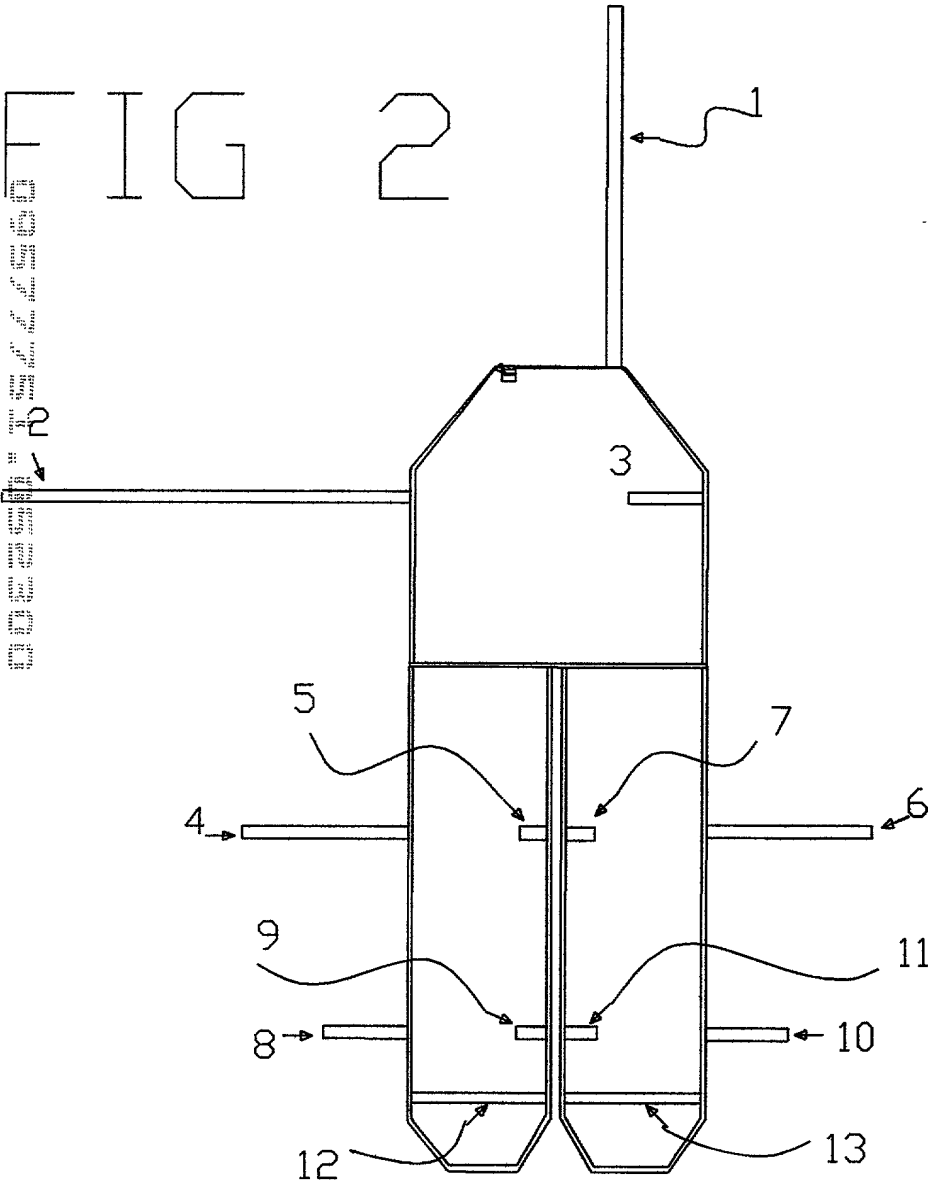
Cheryl a Letson  
WACKER CHAPS



REF#WC357  
INVENTORS  
Cheryl Ann Letson  
William K letson

MAY 22,2000

Cheryl letson  
WACKER CHAPS

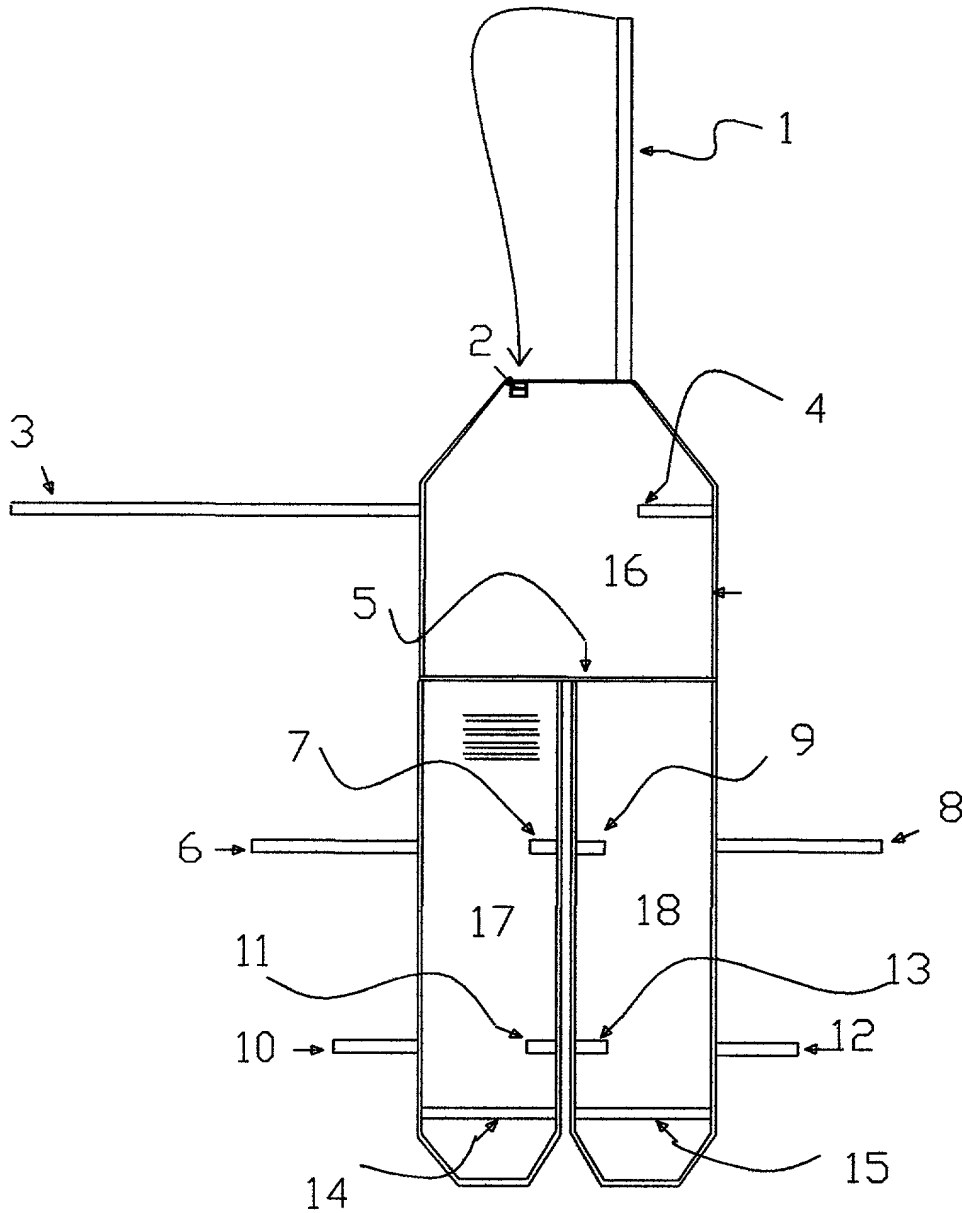


REF#WC357  
INVENTORS  
Cheryl Ann letson  
William K letson

MAY 22, 2000

Cheryl Letson  
WACKER CHAPS

FIG 3



REF#WC357  
INVENTORS  
Cheryl Ann Letson  
William K Letson

COMPLETE PIECE LAYOUT DESCRIPTION / PLACEMENT

# 1 ADJUSTABLE NECK STRAP

# 2 ADJUSTABLE BUCKLE

# 3 ADJUSTALBE WAIST STRAP

# 4 WAIST STRAP ADJUSTMENT ( HOOK AND LOOP VELCRO )

# 5 SEAM WHERE TOP AND BOTTOM CONNECT

# 6 RIGHT ADJUSTABLE THIGH STRAP

# 7 RIGHT THIGH ADJUSTMENT STRAP ( HOOK AND LOOP VELCRO )

# 8 LEFT ADJUSTABLE THIGH STRAP

# 9 LEFT THIGH ADJUSTMENT STRAP ( HOOK AND LOOP VELCRO )

#10 RIGHT ADJUSTABLE ANKLE STRAP

#11 RIGHT ANKLE ADJUSTMENT STRAP ( HOOK AND LOOP VELCRO )

#12 LEFT ADJUSTABLE ANKLE STRAP

#13 LEFT ANKLE ADJUSTMENT STRAP ( HOOK AND LOOP VELCRO )

#14 RIGHT UNDER SHOE STRAP

#15 LEFT UNDER SHOE STRAP

#16 TOP PANEL

#17 RIGHT LEG PANEL

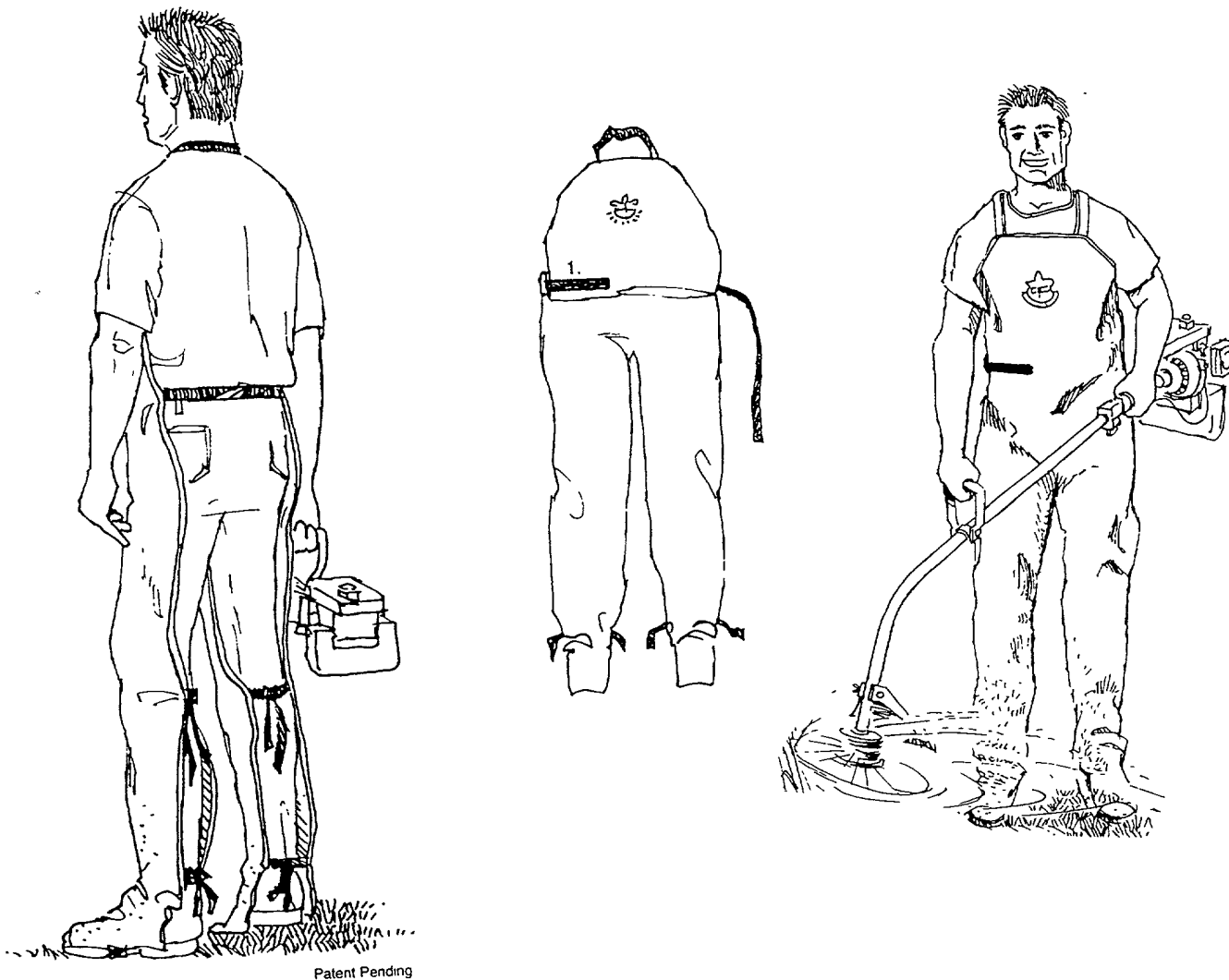
#18 LEFT LEG PANEL

#19 BINDING

# FIG 4


MAY 22,2000

Cheryl a Letson  
WACKER CHAPS



REF#WC357  
INVENTORS  
Cheryl Ann Letson  
William K letson

## WACKER CHAPS

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	Cheryl A. Letson
	<b>COMPLETE IF KNOWN</b>	
	Application Number	1
	Filing Date	5-22-00
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Wacker chaps

the specification of which (Title of the invention)

☐ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) 5-24-99 as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
William K Letson							
Inventor's Signature	William K Letson				Date	5-22-00	
Residence: City	Baltic	State	CT	Country	USA	Citizenship	YES
Post Office Address							
Post Office Address							
City	Baltic	State	CT	ZIP	06330	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number ☐ OR ☐ Registered practitioner(s) name/registration number listed below

*Please Customer Number Bar Code Label here*

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

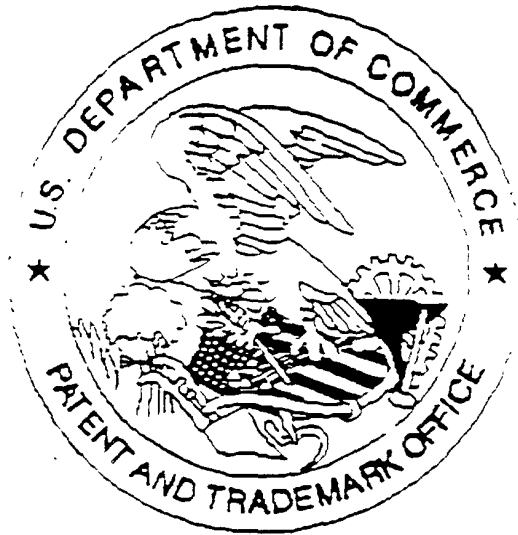
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ My child has been filed for this assigned invention.

Given Name (first and middle if any!)		Family Name or Surname	
Cheryl Ann Letson			
Inventor's Signature	Cheryl Ann Letson	Date	5-22-00
Residence, City	87	State	CT
		Country	USA
Post Office Address	87 Boshwell Hollow Rd Baltic CT 06330		
Post Office Address			
City		State	CT
		ZIP	06330
		Country	USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

United States Patent & Trademark Office  
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for scanning. (Document title)

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*There's only 1 page of specification*